Best Available Copy

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                    |                               |              |                  |          | SMALL ENTITY TYPE OI |                        |       | OTHER THAN          |                        |
|---|--|---|--------------------|-------------------------------|--------------|------------------|----------|----------------------|------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | Z                  |                               |              |                  |          | RATE                 | FEE                    |       | RATE                | FEE                    |
| FC  | R  |   | NUMBER FILED       |                               | NUMBER EXTRA |                  |          | BASIC FEE            | 355.00                 | OR    | BASIC FEE           | 710.00                 |
| TC  | TAL CHARGEA                                    | BLE CLAIMS                                | 2Z minus 20=       |                               | · B          |                  |          | X\$ 9=               |                        | OR    | X\$18=              | 36.0                   |
| IND   | EPENDENT CL                                    | AIMS                                      | <i>j</i> minus 3 = |                               | * B          |                  |          | X40=                 |                        | OR    | X80=                |                        |
| MU  | LTIPLE DEPEN                                   | ESENT                                     |                    |                               |              |                  | +135=    |                      |                        | +270= |                     |                        |
| * If the difference in column 1 is less than zero, enter "C   |  |   |                    |                               |              | column 2         | , [      | TOTAL                |                        | OR    |                     | 07/6                   |
| CLAIMS AS AMENDED - PART II   |  |   |                    |                               |              |                  |          | IOIAL                |                        | OR    | TOTAL OTHER         | 746                    |
|   |  | (Column 1)                                | (Column 2) (Column |                               |              | (Column 3)       | 5        | SMALL I              | ENTITY                 | OR    | SMALL               | 1                      |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus              | **                            |              | =                |          | X\$ 9=               |                        | OR    | X\$18=              |                        |
| AME   | Independent                                    | *<br>NTATION OF MI                        | Minus              | ***                           | - CL A1A4    | =                |          | X40=                 |                        | OR    | X80=                |                        |
|   | TINST PHESE                                    | NIATION OF MI                             | JUIPLE DEP         | ENDEN                         | CLAIM        |                  |          | +135=                |                        | OR    | +270=               |                        |
|   |  |   |                    |                               |              |                  | Į.       | TOTAL                |                        | OB    | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                    |                               |              |                  |          | ADDIT. FEE [         |                        |       | ADDII, FEEL         |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus              | **                            |              | =                |          | X\$ 9=               |                        | OR    | X\$18=              |                        |
|   | Independent                                    | *   | Minus              | ***                           | CLAINA       | =                |          | X40=                 |                        | OR    | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                    |                               |              |                  |          | +135=                |                        | OR    | +270=               |                        |
|   |  |   |                    |                               |              |                  |          | TOTAL<br>ADDIT. FEE  |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
| <del></del>   | rşi gazar i çə                                 | (Column 1)                                | 13325888 3.51      | (Colur                        |              | (Column 3)       | <b>-</b> |                      |                        |       |                     |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESÉNT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus              | **                            |              | =                |          | X\$ 9=               |                        | OR    | X\$18=              |                        |
|   | Independent                                    | *   | Minus              | ***                           |              | =                |          | X40=                 |                        |       | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                               |              |                  |          |                      |                        | OR    |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                    |                               |              |                  |          |                      |                        | OR    | +270=<br>TOTAL      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                    |                               |              |                  |          |                      |                        |       |                     |                        |